· FORM D

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.G. 20546

NOTICE OF SALE OF SECURPTIES PURSUANT TO REGULATION D,

SECTION 4(6)(AND/OR

SEC USE ONLY
Prefix Serial

DATE RECEIVED

	UNIFORM LIMITED OFFERING EXEMP	FION				
Name of Offering (☐ Check is Convertible Promiss	f this is an amendment and name has changed, and indicate ory Notes	change.)				
Filing Under (Check box(es) that Type of Filing: New Filing	- · · · -	ection 4(6) ULOE				
	A. BASIC IDENTIFICATION DAT	ГА				
1. Enter the information reque	ested about the issuer					
Name of Issuer (Check i Athletic IQ, Inc.	f this is an amendment and name has changed, and indicate	change.)				
	Number and Street, City, State, Zip Code) Suite 202, Canton, MA 02021	Telephone Number (Including Area Code) 781-821-4114				
•	Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)					
Brief Description of Business						
Athletic IQ, Inc. is a provider	of standardized athletic and fitness testing.					
Type of Business Organization ☐ corporation ☐ business trust	☐ limited partnership, already formed☐ limited partnership, to be formed☐	other (please specify): OCT 10 2007				
Actual or Estimated Date of Inc Jurisdiction of Incorporation or	orporation or Organization: Month Year organization or Organization: Granization: (Enter two-letter U.S. Postal Service abbrevi CN for Canada; FN for other foreign jurisdi					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.301 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549.

Copies Required: Five copies (5) of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	er 🛮 🛛 Beneficial Owner	Executive Officer	☐ Director	☐General and/or Managing Partner			
Full Name (Last name first, if individual))						
Tyson, W. Randall							
Business or Residence Address (Number	and Street, City, State, Zip	Code)					
c/o Athletic IQ, Inc., 275 Turnpike	Street, Suite 202, Canto	n, MA 02021					
Check Box(es) that Apply: Promote	er 🛛 Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if individual))						
Freedman, Arnold E.							
Business or Residence Address (Number	and Street, City, State, Zip	Code)					
c/o Athletic IQ, Inc., 275 Turnpike	Street, Suite 202, Canton	n, MA 02021					
Check Box(es) that Apply: Promote	er 🛛 Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Butts, Mark C.							
Business or Residence Address (Number	and Street, City, State, Zip	Code)					
c/o Athletic IQ, Inc., 275 Turnpike	Street, Suite 202, Cantor	n, MA 02021					
Check Box(es) that Apply: Promote		☐ Executive Officer	□ Director	☐General and/or Managing Partner			
Full Name (Last name first, if individual))						
McKinnon, Bruce							
Business or Residence Address (Number							
c/o Athletic IQ, Inc., 275 Turnpike	Street, Suite 202, Cantor	n, MA 02021					
Check Box(es) that Apply: Promote	er 🛛 Beneficial Owner	☐ Executive Officer	Director	☐General and/or Managing Partner			
Full Name (Last name first, if individual)							
The Lombardo Companies, L.P.							
Business or Residence Address (Number	and Street, City, State, Zip	Code)					
6 Billings Street, Randolph, MA 0	2368						
Check Box(es) that Apply: Promote	er 🛛 Beneficial Owner		Director	☐General and/or Managing Partner			
Full Name (Last name first, if individual)							
Cammans, Jeffrey R.							
Business or Residence Address (Number	and Street, City, State, Zip	Code)					
1173 North Main Road, Jamestow	n, RI 02835						
Check Box(es) that Apply:	er 🛛 Beneficial Owner	☐ Executive Officer	□ Director	☐General and/or Managing Partner			
Full Name (Last name first, if individual)							
Daniels, Benjamin D.							
Business or Residence Address (Number	and Street, City, State, Zip	Code)					
c/o Athletic IQ, Inc., 275 Turnpil	ce Street, Suite 202, Canto	on, MA 02021					
Check Box(es) that Apply: Promote	er 🛛 Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner			
Full Name (Last name first, if individual)							
Savin, Patrick							
	Business or Residence Address (Number and Street, City, State, Zip Code)						
c/o Athletic IQ, Inc., 275 Turnpike	c/o Athletic IQ, Inc., 275 Turnpike Street, Suite 202, Canton, MA 02021						

Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner				
Full Name (Last name first,	if individual)		· •						
Richardson, James S.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Athletic IQ, Inc., 2	c/o Athletic IQ, Inc., 275 Turnpike Street, Suite 202, Canton, MA 02021								
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	☐ Executive Officer	□ Director	☐General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Lousararian, James	3								
Business or Residence Addi	ress (Number and	d Street, City, State, Zip	Code)						
c/o Athletic IQ, Inc., 2	75 Turnpike St	reet, Suite 202, Cantor	ı, MA 02021						
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Kirschen, David G.									
Business or Residence Adda	ess (Number and	d Street, City, State, Zip	Code)		_				
1622 N. Mountain Vie	w Place, Fuller	ton, CA 92831							
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	☐General and/or Managing Partner				
Full Name (Last name first, if individual)									
Laby, Daniel M.									
Business or Residence Addr	Business or Residence Address (Number and Street, City, State, Zip Code)								
1 Tamarack Way, Sha	ron, MA 0206	7							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	B. INFORMATION ABOUT OFFERING												
1.	Has the i	Yes No Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. Yes No											
2.	What is t	he minim	um inves	tment tha	it will be a	ccepted fi	om any ind	ividua!?	•••••	•••••	\$ <u>5,0</u>	<u>00</u>	
3.	Does the	offering	permit joi	nt owner	ship of a s	ingle unit	?			••••••			
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer you may set forth the information for that broker or dealer only.												
Ful	l Name (la	st name fi	rst, if ind	ividual)									
Bus	siness or R	esident A	ddress (n	umber an	d street, ci	ty, state,	zip code)						
			`										
Nar	ne of Asso	ciated Br	oker or D	ealer									
Stat	es in Whi	ch Person	Listed H	as Solicit	ed or Inter	nds to Sol	icit Purchas	sers					
	(Check "	All States	or chec	k individ	ual states)							••••	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN }	[MS]	[MO]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) (TN)	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full	Name (La					[4.]	<u> </u>					1	
Due	inaas on D	osidant A	ddrana (A	lumbar ar	ad Ctuant (Time Charle	, Zip Code	•					
Dus	iness of K	esidelli A	auress (iv	iuilidei ai	ia Street, C	Jily, State	, Zip Code,	,					
Nar	ne of Asso	ciated Br	oker or D	ealer									
Stat	es in Whic	h Person	Listed H	as Solicit	ed or Inter	nds to Sol	icit Purchas	ers	***				
	(Check " [AL] [IL] [MT]	All States [AK] [IN] [NE]	" or chec [AZ] [IA] [NV]	k individ [AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[ME]] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	All States [ID] [MO] [PA] [PR]

(Use blanksheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 				
Type of Security	Aggre Offerin	~		mount ady Sold
Debt	\$	_0	\$	0
Equity	s	0	\$	0
☐ Common ☐ Preferred				
Convertible Securities (including warrants) Convertible Promissory Notes	\$ <u>1,000,0</u> 0	<u>)0</u>	\$	0
Partnership Interests	\$	0	\$	0
Other (Specify)	\$	<u>0</u>	\$	0
Total	\$ <u>1,000,0</u> 0	<u>)0</u>	\$	<u>60,000</u>
Answer also in Appendix, Column 3, if filing under ULOE.				
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	Num Inves		Am	gregate Pollar Jount of rchases
Accredited Investors		4	\$	<u>60,000</u>
Non-accredited Investors		_0	\$	0
Total (for filings under Rule 504 only)		<u> </u>	\$	
Answer also in Appendix, Column 4, if filing under ULOE.				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$ <u>-</u>
Rule 504		s
Tota!		\$ -
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		□ \$ <u> </u>
Printing and Engraving Costs		□ \$ <u> </u>
Legal Fees		⊠ \$ <u>5,000</u>
Accounting Fees		□ \$ <u>5,000</u>
Engineering Fees		\$0
Sales Commissions (specify finders' fees separately)		□ <u>\$</u>
Other Expenses (identify)		□ \$ <u> </u>
Total		⊠ \$ <u>10,000</u>
b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>990,000</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	to Officers, Directors And Affiliates	Payments To Others
Salaries and fees	□ \$ <u> </u>	□ \$ <u> </u>
Purchase of real estate	□ \$ <u> </u>	□ \$ <u> 0</u>
Purchase, rental or leasing and installation of machinery and equipment	□ \$ <u> </u>	□ \$ <u> </u>
Construction or leasing of plant buildings and facilities	□ \$ <u> </u>	□ \$ <u> </u>
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$ <u> </u>	□ \$ <u> </u>
Repayment of indebtedness	□ \$ <u> </u>	□ <u>\$ 0</u>
Working capital	□ \$ <u> </u>	№ \$990,000
Other (specify):	□ \$ <u> </u>	□ \$ <u> </u>
Column Totals	\$0	∑ \$990,000
Total Payments Listed (column totals added)		⊠ \$990,000

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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature Date
Athletic IQ, Inc.	1/Some F. 1/ Jimon 9-19-07
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Bruce McKinnon	President

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 16 U.S.C. 1001).

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١.	Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions	Yes	No
	of such rule?		\boxtimes

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrator, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Athletic IQ, Inc.	Signature PM Kimon 9-19-07
Name of Signer (Print or Type)	Title (Print or Type) /
Bruce McKinnon	President

Instruction. Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend To Sell To Non-Accredited Investors In State (Part B-Item 1)		3 Type Of Security And Aggregate Offering Price Offered In State (Part C-Item I)	Type Of Investor And Amount Purchased In State (Part C-Item 2) Number of Number of				5 Disqualification Under State ULOE (If Yes, Attach Explanation Of Waiver Granted) (Part E-Item 1)	
				Accredited		Non-Accredited			.,
State AL	Yes	No		Investors	\$ Amount	Investors	Amount	Yes	No
AK									
AZ									
AR									
CA					<u>-</u> .				
co									
СТ									
DE									
DC									
FL									
GA									
HI									
ID									
									'
IL D		·							
IN									
IA									
KS									
KY							<u> </u>		
LA					<u> </u>				
ME									
MD			000.0=		A 40 000				
MA		Х	999,875 Convertible Promissory Note	4	\$60,000	0	0		Х
MI									
MN									
MS									
мо									
MT									

		IX.	

1	Intend To Sell To Non-Accredited Investors In State (Part B-Item 1)		3	4 5						
			Type Of Security And Aggregate Offering Price Offered In State (Part C-Item 1)	Type Of Investor And Amount Purchased In State				Disqualification Under State ULOE (If Yes, Attach Explanation Of Waiver Granted) (Part E-Item 1)		
				Number of		Number of		Ì		
State	Yes	No		Accredited Investors	\$ Amount	Non-Accredited Investors	Amount	Yes	No	
NE										
NV										
NH										
NJ		Х	\$30,000 Convertible Promissory Note							
NM										
NY			·							
NC										
ND		<u>'</u>								
ОН					<u></u>					
ок		·								
OR										
PA										
RI		х	\$45,000 Convertible Promissory Note			:				
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI										
WY										
PR										

Please note that \$50,000 is being offered to an accredited investor resident in Monaco.

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SEC 1972 (1/94)

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